

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Angle Senior Home II	LICENSE NUMBER 751252
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NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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About the Home	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p>To provide quality care to long term care residents in the community. To promote respect, dignity, privacy and to ensure that the residents rights are respected.</p>	
<p>2. INITIAL LICENSING DATE</p> <p>03/09/2009</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p>None</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p>N/A</p>	
<p>5. OWNERSHIP</p> <p><input checked="" type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Corporation</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	

Personal Care	
<p>“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)</p>	
1. EATING	<p>If needed, the home may provide assistance with eating as follows:</p> <p>Assist in feeding, maintain good nutrition for residents. Accepts client requiring peg tube feeding.</p>
2. TOILETING	<p>If needed, the home may provide assistance with toileting as follows:</p> <p>Assist going to the toilet, clean residents, provide commode or urinal if needed, assist with using bedpan, assist and care clients with catheter.</p>
3. WALKING	<p>If needed, the home may provide assistance with walking as follows:</p> <p>Assist with walking using a walker, assist with mobility through the use of wheelchair.</p>
4. TRANSFERRING	<p>If needed, the home may provide assistance with transferring as follows:</p> <p>Assist client using gait belt, assist with transfer using mechanical device such as hoist lift, transfer board, etc.</p>
5. POSITIONING	<p>If needed, the home may provide assistance with positioning as follows:</p> <p>Assist client to achieve a comfortable position, turn client every 2 hours if bedridden, Keep pressure off the skin of client who are at risk of bed sore.</p>
6. PERSONAL HYGIENE	<p>If needed, the home may provide assistance with personal hygiene as follows:</p> <p>Assist with all personal hygiene tasks such as brushing teeth, comb hair, wash face etc with respect to client's preference.</p>
7. DRESSING	<p>If needed, the home may provide assistance with dressing as follows:</p> <p>Offer choices, put appropriate clothes including undergarments, socks and shoes. Assist in all levels of care.</p>
8. BATHING	<p>If needed, the home may provide assistance with bathing as follows:</p> <p>Assist with shower per client's preference, assist with sponge bath and bed bath for bedridden clients.</p>
9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE	<p>Always ask client first and provide personal care based on their choices or preferences.</p>
Medication Services	
<p>If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)</p>	
<p>The type and amount of medication assistance provided by the home is:</p> <p>Remind and hand the medication to client. Observe for effects and document intake of medication. Nurse delegation is required for those who need medication administration.</p>	

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

Nursing assessment, catheter care, wound care. The provider will ask for home health agencies to provide needed nursing care per MD approval.

The home has the ability to provide the following skilled nursing services by delegation:

Administration of medication including insulin injection, wound care, peg tube feeding, catheter care, blood sugar monitoring.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

AFH provider will contact nurse delegator and home health agencies to provided needed nursing service.

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- ☒ Developmental disabilities
- ☒ Mental illness
- ☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

The AFH staff is skilled in managing people with mental illness and dementia.

Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☐ The provider lives in the home.
- ☐ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☒ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☒ Registered nurse, days and times: **available anytime she is needed. The provider is an RN.**
- ☐ Licensed practical nurse, days and times: _____
- ☒ Certified nursing assistant or long term care workers, days and times: **24 hours, 7 days a week**
- ☐ Awake staff at night
- ☐ Other:

ADDITIONAL COMMENTS REGARDING STAFFING

The AFH staff have completed the training requirements , have background checks, and can communicate with residents, family and other team members

Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

American, Asian. The staff speaks English and Tagalog.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

AFH does not discriminate anybody for as long as the staff are able to provide the needed care.

Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

☐ The home is a private pay facility and does not accept Medicaid payments.

☒ The home will accept Medicaid payments under the following conditions:

The pay is enough to meet the break even rate which is minimum of \$3000 for minimal assist clients.

ADDITIONAL COMMENTS REGARDING MEDICAID

The AFH will do its best to accommodate a Medicaid client for as long as the care needs are met and the payment is enough to offset expenses for care.

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

Walking, exercise, movie time, birthday and holiday celebrations, newspaper reading, reminiscing, etc

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Activities are tailored on the clients wishes and prior lifestyle. Activities are geared to promote mental and physical wellness.